

# Pre Planning Questionnaire

1. What are your top 2 concerns at the moment?

- a.
- b.

2. Is there a main health concern? If so, what is it?

YES      NO

3. On a scale of 1 to 10, how would you rate general nutrition? 1 = Great

1 2 3 4 5 6 7 8 9 10

4. On a scale of 1 to 10, how would you rate safety? 1 = Great

1 2 3 4 5 6 7 8 9 10

5. On a scale of 1 to 10, how would you rate socialization? 1 = Great

1 2 3 4 5 6 7 8 9 10

6. What are your must haves to move?

- a.
- b.
- c.

7. What are your preferred locations?

- a.
- b.
- c.

8. Consider what your current budget is. Have a look at the Budget Calculator to assist.

